



LEWINSVILLE MONTESSORI

Permission to Apply Diaper Ointment/Cream

I give permission to the staff of the Lewinsville Montessori School to apply non-prescription diaper rash ointment/cream _____ to _____
(name of ointment) (name of child)

_____ My child has never had a reaction to this medication before

_____ My child has had a reaction to this medication before and the symptoms of an allergic reaction are:

I understand that I must supply the ointment or cream and label it with my child's full name. The ointment will be discarded on the expiration date stated on the container.

Parent or Guardian Signature